

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



3-14-86

Letter 86-11

To: All County Welfare Directors
County Administrative Officers

REPORT OF QUALITY CONTROL FINDINGS FOR THE OCTOBER 1983 - MARCH
1984 AND APRIL 1984 - SEPTEMBER 1984 REVIEW PERIOD

The purpose of this letter is to transmit the following information:

- o Quality Control (QC) federal tables for the October 1983 - March 1984 review period.
- o QC federal tables for the April - September 1984 review period.
- o A summary of the QC findings for the above referenced review periods.

Overview

States are required by federal statute to submit a corrective action plan (CAP) to the Health Care Financing Administration (HCFA) on an annual basis. Federal guidelines for an acceptable CAP require that, at a minimum, a corrective action initiative be developed for any program element with a payment or case error rate of ten percent or more of the total case or payment errors unless a current corrective action initiative is targeted against the error. California's 1985 CAP was submitted to HCFA on August 29 and was based on QC error data compiled from the October 1983 - March 1984 and April - September 1984 review periods.

Attachments I and II provide the federal tables which array the QC errors for these two periods, compiled by the Department of Health Services' (DHS) Audits and Investigations Division. Only those tables which are of interest for Medi-Cal program purposes are included for your information. The tables dealing with the AFDC strata, claims processing and third party liability errors have been omitted.

Attachment III provides an historical summary of the case and dollar error rates in the program areas which had significant errors in the last four review periods. Based on the data for the last two review periods, state corrective action initiatives have been or will be developed in six program areas; Deprivation, Buy-In (shown on the table under Retirement Survivors Disability

Insurance), Blindness/Disability, Other Disregards/Deductions, Age and Earned Income. Current initiatives will not be developed to reduce errors in Real Property and Bank Accounts due to proposed legislation and/or ongoing corrective action initiatives.

Review of QC Errors for the October 1983 - March 1984 and April - September 1984 Review Periods

The following describes the QC sample and error data for the last two periods reported to HCFA; October 1983 - March 1984 and April - September 1984. Please note that these figures include state assumed errors relating to the beneficiary's principal residence. However, subsequent to issuing the federal tables, we were successful in convincing HCFA that it was inappropriate to cite such errors. At this time, we are unable to revise the federal tables to reflect this change in QC policy, however, final federal finding should be adjusted such that these errors do not contribute to sanction liabilities.

October 1983 - March 1984:

State QC staff completed reviews on a total of 973 Medical Assistance Only (MAO) cases. Ninety-eight cases contained one or more errors for a case error rate of 10.07 percent. The State determined payment error rate was 4.469 percent which is projected to result in approximately 58 million dollars per year in misspent funds. About 71.9 percent of the dollar errors for this period were concentrated in the area of Other Real Property which accounted for 55.6 percent of the misspent dollars. Errors related to the implementation of the principal residence regulations were coded as state errors and accounted for 29.2 percent of the misspent dollars.

April - September 1984:

Of the total 976 completed MAO reviews, 107 cases contained one or more errors. The case error rate was 10.96 percent and the State determined dollar error rate was 3.33 percent which projects to approximately 44 million dollars in annual misspent funds. Although the case error rate in this period increased slightly from the previous period, the dollar error rate decreased over one percentage point. Close to one-half (49.3 percent) of the dollar errors were due to Other Real Property errors. All were related to the principal residence regulations and were state assumed errors.

Identification of Major Error Causes for the October 1983 - March 1984 and April - September 1984 Review Periods

1. Deprivation

A total of 19 errors occurred in this program area; 11 occurred because deprivation was incorrectly determined by the Agency, 5 were due to the beneficiary's failure to report a change in employment status, and 3 were MEDS processing errors. The Medi-Cal Eligibility Branch (MEB) is planning to update and reissue the Deprivation training material previously issued in 1982.

2. Buy-In

About one-half of the 37 errors in the Retirement Survivors Disability Insurance (RSDI) element were Buy-In related. Beneficiaries failed to report benefit changes due to implementation of Buy-In, or counties failed to recompute the budget timely. The Buy-In process will be addressed in a future All County Welfare Directors (ACWD) Letter.

3. Blindness/Disability

Four errors in this area were caused by the agency's failure to verify blindness or disability status, especially when a re-examination date was indicated. Three of the errors comprised almost 11 percent of the dollar error rate in the April-September 1984 review period. The Eligibility Branch took immediate corrective action and issued a series of ACWD Letters which explained the disability process and the correct procedure to follow. The procedure has been incorporated in the procedures portion of the Medi-Cal Eligibility Manual.

4. Other Disregards/Deductions

Approximately one-half of these errors (12) were agency caused. Four occurred because a public guardian fee was incorrectly allowed as a deduction. The remaining agency errors were related to miscellaneous deductions or computation errors and did not show any pattern. The settlement of the Ibarra v. Dawson case should eliminate some of the errors associated with computation of mandatory deductions.

The beneficiary-caused errors in this program area were primarily due to unreported changes in health insurance premiums. We hope that ongoing corrective action initiatives designed to increase beneficiary awareness of their reporting responsibilities will reduce these errors.

5. Age

Five errors occurred because of the agency's failure to terminate AFDC-based Medi-Cal when the only child in the home turned 21 years of age. It has been proposed that the Medi-Cal Eligibility Data System (MEDS) provide additional county alert messages for the two months immediately prior to the month an individual turns 21 years of age. These early alert messages would be generated for both AFDC-MN and Medically Indigent children. The Eligibility Branch is in the process of evaluating this proposal. In the interim, we urge counties to evaluate their internal procedures to insure timely review and action regarding individuals turning 21 years of age.

6. Earned Income

The case error rate in this program area has consistently been over 10 percent of the total errors for the last 4 review periods while the dollar error rate has fluctuated from a high of 12.5 percent to a low of 1.3 percent. Many of the earned income errors are usually beneficiary caused.

The California Welfare Directors Association/Department of Health Services Joint Medi-Cal Corrective Action Subcommittee developed and distributed a Medi-Cal Income In-Kind guide and an Income Computation guide to assist the eligibility workers to compute income. Results of a recent questionnaire completed by counties indicate that the two guides have been useful to counties in training and corrective action planning.

We wish to express our appreciation to you and your staff for the cooperation given in implementing the corrective actions initiated by DHS. Please provide us with your additional ideas for initiatives which you believe may be successful in reducing the major errors identified in this letter. Through the cooperation of DHS and the counties, we hope that significant gains can be made to reduce QC errors and avoid future fiscal sanctions.

All County Welfare Directors
County Administrative Officers
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If you or your staff have any questions or comments, please call
Marie Leonard of my staff at (916) 322-3463.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: October 31, 1986

ATTACHMENT I

FEDERAL QUALITY CONTROL

TABLES FROM THE OCTOBER 1983 - MARCH 1984 REVIEW PERIOD

Table 1A
MEDICAID QUALITY CONTROL: Statistical Summary

State California Reporting Period 10-83 to 3-84

	Stratum			TOTAL B
	MAO A	AFDC A	SSI A	
I. AVERAGE MONTHLY MEDICAID CASELOAD	314,067	558,073	NA	872,140
II. AVERAGE MONTHLY UNIVERSE OF MEDICAID PAYMENTS MADE DURING THE REPORTING PERIOD	107,951,004	84,224,065	NA	192,175,069
III. NUMBER OF CASES SELECTED FOR THE REPORTING PERIOD	1085	1389	NA	2474
IV. NUMBER OF REVIEWS COMPLETED DURING THE REPORTING PERIOD	973	1282	NA	2255
V. TOTAL NUMBER OF SAMPLE CASES FOR WHICH REVIEWS HAVE NOT BEEN COMPLETED	112	107		219
A. Listed in error	34	56	NA	90
B. Moved out of state since review month	12	13	NA	25
C. Unwilling to give information	32	9	NA	41
D. Could not be located	31	25	NA	56
E. Other reasons	3	4	NA	7
VI. NUMBER OF COMPLETED REVIEWS HAVING CLAIMS	973	1282	NA	2255
VII. NUMBER OF CLAIMS PROCESSED FOR SAMPLE CASES	4841	8418	NA	13,259
VIII. DOLLAR PAYMENTS FOR ALL SAMPLE CASES REVIEWED	281,916	186,720	NA	468,636

Table 1B

MEDICAID QUALITY CONTROL: Number of Cases and Amount of Error by Error Classification

State CaliforniaReporting Period 10-83 to 3-84

				Stratum			Total Percent Only B
				MAO A	AFDC A	SSI A	
I. NUMBER OF CASES BY ERROR CLASSIFICATION AND AS A PERCENT OF CASES COMPLETED							
A. Cases having one or more errors	(1)	#		98	13	NA	
	(2)	%		10.07	1.01	NA	4.22
B. Ineligible cases	(1)	#		47	6	NA	
	(2)	%		4.83	.47	NA	2.01
C. Eligible with ineligible members	(1)	#		13	7	NA	
	(2)	%		1.34	.55		.83
D. Liability understated error only	(1)	#		29	-e-	NA	
	(2)	%		2.98	-e-	NA	1.06
E. Liability overstated error only	(1)	#		9	-e-	NA	
	(2)	%		.92	-e-	NA	.33
F. Liability understated error with ineligible members	(1)	#		0	-e-	NA	
	(2)	%		0	-e-	NA	0
G. Liability overstated error with ineligible members	(1)	#		0	-e-	NA	
	(2)	%		0	-e-	NA	0
H. Third party liability errors	(1)	#		NA	NA	NA	
	(2)	%		NA	NA	NA	NA
I. Initially liability understated- finally eligible	(1)	#		0	0	NA	
	(2)	%		0	0	NA	0
J. Excess Resource Error	(1)	#		14	-e-	NA	
	(2)	%		1.44	-e-	NA	.51

II. NUMBER OF CASES WITH CLAIMS BY ERROR CLASSIFICATION AND AS A PERCENT OF CASES WITH CLAIMS

A. Cases having one or more errors	(1)	#		98	13	NA	
	(2)	%		10.07	1.01	NA	4.22
B. Ineligible cases	(1)	#		47	6	NA	
	(2)	%		4.83	.47	NA	2.01
C. Eligible with ineligible members	(1)	#		13	7	NA	
	(2)	%		1.34	.55	NA	.83
D. Liability understated error only	(1)	#		29	-e-	NA	
	(2)	%		2.98	-e-	NA	1.06
E. Liability overstated error only	(1)	#		9	-e-	NA	
	(2)	%		.92	-e-	NA	.33
F. Liability understated error with ineligible members	(1)	#		-e-	-e-	NA	
	(2)	%		-e-	-e-	NA	-e-
G. Liability overstated error with ineligible members	(1)	#		-e-	-e-	NA	
	(2)	%		-e-	-e-	NA	-e-
H. Third party liability errors	(1)	#		NA	NA	NA	
	(2)	%		NA	NA	NA	NA
I. Initially liability understated- finally eligible	(1)	#		-e-	-e-	NA	
	(2)	%		-e-	-e-	NA	0
	(1)	#		14	-e-	NA	
	(2)	%					

Table 1B

MEDICAID QUALITY CONTROL: Number of Cases and Amount of Error by Error Classification

State CaliforniaReporting Period 10-83 to 3-84

		Stratum			Total Percent Only B
		MAO A	AFDC A	SSI A	
DSS PAYMENT ERRORS AND AS A PERCENT TOTAL PAYMENTS TO SAMPLE CASES					
A. Total error payments for all error classifications	(1)	\$ 12,560	671	NA	
	(2)	% 4.46	36	NA	2.66
B. Error payments for ineligible recipients	(1)	\$ 9750	671	NA	
	(2)	% 3.46	36	NA	2.10
C. Error payments resulting from case liability understated errors	(1)	\$ 2810	-0-	NA	
	(2)	% 1.00	-0-	NA	5.6
D. Error payments resulting from third party liability errors	(1)	\$ NA	NA	NA	
	(2)	% NA	NA	NA	NA

DOLLAR AMOUNT OF LIABILITY OVERSTATED FOR ALL CASES	315	-0-	NA	
DOLLAR AMOUNT OF LIABILITY UNDERSTATED FOR ALL CASES	183,239	671	NA	

MEDICAID QUALITY CONTROL:
DOLLAR VALUE OF ELIGIBILITY/LIABILITY ERRORS BY SOURCE OF ERROR
STATE: CA REPORTING PERIOD: 10-83 TO 3-84

LIABILITY/ ELIGIBILITY ERROR	INELIGIBLE CASES		STRATUM MAO	LIABILITY UNDERSTATED		TOTAL	
	AMT	%		AMT	&	AMT	%
	A	B		C	D	E	F
1. DOLLAR AMOUNT OF AGENCY AND BENEFICIARY ERRORS	9750	100%	-	2810	100%	12,560	108%
2. DOLLAR AMOUNT OF AGENCY ERRORS	4824	49.48		1632	58.08	6456	51.40
3. CORRECT POLICY BUT INCORRECTLY APPLIED (10)	1965	20.15		1038	36.94	3003	23.91
4. WRONG POLICY APPLIED (11)	1386	14.22		162	5.77	1548	12.33
5. FAILURE TO TAKE INDICATED ACTION							
6. INFORMATION DISREGARDED OR NOT APPLIED (12/90)	1253	12.85		327	11.64	1580	12.58
7. FOLLOW-UP ON IMPENDING CHANGES (15)	60	.62		52	1.85	112	.89
8. FOLLOW-UP INCONSISTENT OR INCOMPLETE INFOR- MATION (14)	-0-	-0-		53	1.89	53	.42
9. VERIFY WHERE REQUIRED BY AGENCY POLICY (16)	160	1.64		-0-	-0-	160	1.27
10. REPORTED INFORMATION INACCURATE (13)	-0-	-0-		-0-	-0-	-0-	-0-
11. ARITHMETIC COMPUTATION (20)	-0-	-0-		-0-	-0-	-0-	-0-

E II CONTINUED)

DOLLAR AMOUNT OF BENEFICIARY ERRORS	4926	50.52	1178	41.92	6104	48.60
CHANGES IN CIRCUMSTANCES NOT REPORTED (01)	4894	50.19	615	21.89	5509	43.86
INFORMATION PROVIDED IS NOT CORRECT (02)	26	.27	563	20.04	589	4.69
WILLFUL MISREPRESENTATION IN PROVIDING INFORMATION (03 & 04) -	6	.06	-0-	-0-	6	.05

Table III A. 1

MEDICAID QUALITY CONTROL: Number of Cases with Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 10-82 To 3-84

State California		Reporting Period 11-82 to 1-83					
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	98	100%	13	100%		100%	100%
ALL CASES WITH BASIC REQUIREMENT ERRORS	24	24.49	8	61.54	NA	NA	28.83
A. Age(110)	1	1.02	-0-	-0-	NA	NA	0.0
B. Relationship(120)	-0-	-0-	-0-	-0-	NA	NA	0.0
C. Citizenship(130)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Residence(140)	2	2.04	-0-	-0-	NA	NA	1.80
E. Living Arrangements(150)	13	13.27	1	7.69	NA	NA	12.61
F. Deprivation(181-184)	5	5.10	6	45.15	NA	NA	9.91
G. Blindness/Disability(185)	1	1.02	1	7.69	NA	NA	1.80
H. Other ext. rel.(186)	2	2.04	-0-	-0-	NA	NA	1.80
ALL CASES WITH RESOURCE ERRORS	14	14.20	1	7.69	NA	NA	13.51
A. Bank Accounts(211)	5	5.10	1	7.69	NA	NA	5.41
B. Other liquid assets(213)	1	1.02	-0-	-0-	NA	NA	0.90
C. Real property(221)	7	7.14	-0-	-0-	NA	NA	6.31
D. Vehicle(222)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Life Insurance(223)	-0-	-0-	-0-	-0-	NA	NA	-0-
F. Other non-liquid resources(224)	1	1.02	-0-	-0-	NA	NA	0.90
G. Combined resources(225)	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III A .1

MEDICAID QUALITY CONTROL: Number of Cases with Eligibility/Liability Errors by Element of Error

State California Reporting Period 10-83 to 3-84

State <u>California</u>		Reporting Period <u>10-03</u> to <u>3-04</u>		Stratum				Total Percent Only C
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION		MAN		AFDC		SSI		
		Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS		52	53.06	4	30.77	NA	NA	50.45
A. Wages and Salaries(311)		10	10.20	4	30.77	NA	NA	12.61
B. Self employment(312)		-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)		-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)		-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)		1	1.02	-0-	-0-	NA	NA	.90
F. RSDI benefits(331)		15	15.31	-0-	-0-	NA	NA	13.51
G. Other gov't. benefits(332-336)		14	14.29	-0-	-0-	NA	NA	12.61
H. Food stamp/housing(341)		-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)		-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)		6	6.12	-0-	-0-	NA	NA	5.41
K. Other disregards(363-362,371-372)		6	6.12	-0-	-0-	NA	NA	5.41
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS		-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)		-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)		-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)		-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)		-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS		8	8.16	-0-	-0-	NA	NA	7.21
A. Proper person		-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)		-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ.(530)		7	7.14	-0-	-0-	NA	NA	6.31
D. Grandfathered coverage(540)		1	1.02	-0-	-0-	NA	NA	.90
E. Other State Medicaid criteria(550)		-0-	-0-	-0-	-0-	NA	NA	-0-

Table III A .2

MEDICAID QUALITY CONTROL: Number of Cases with AGENCY Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 10-83 To 3-84

State California		Reporting Period		Total			
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	39	100%	7	100%		100%	100%
II. ALL CASES WITH BASIC REQUIREMENT ERRORS	12	30.77	6	85.71	NA	NA	39.13
	1	2.56	-0-	-0-	NA	NA	2.17
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	1	2.56	-0-	-0-	NA	NA	2.17
	6	15.38	-0-	-0-	NA	NA	13.04
	2	5.13	5	71.43	NA	NA	15.22
	1	2.56	1	14.29	NA	NA	4.35
	1	2.56	-0-	-0-	NA	NA	2.17
III. ALL CASES WITH RESOURCE ERRORS	6	15.38	1	14.29	NA	NA	15.22
	1	2.56	1	14.29	NA	NA	4.35
	-0-	-0-	-0-	-0-	NA	NA	-0-
	5	12.82	-0-	-0-	NA	NA	10.97
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III A - 2

MEDICAID QUALITY CONTROL: Number of Cases with AGENCY Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 10-83 to 3-84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	15	38.64	-0-	-0-	NA	NA	32.61
A. Wages and Salaries(311)	3	7.69	-0-	-0-	NA	NA	6.52
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	1	2.56	-0-	-0-	NA	NA	2.17
F. RSDI benefits(331)	4	10.26	-0-	-0-	NA	NA	8.70
G. Other gov't. benefits(332-336)	2	5.13	-0-	-0-	NA	NA	4.35
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	1	2.56	-0-	-0-	NA	NA	2.17
K. Other disregards(363-362,371-372)	4	10.26	-0-	-0-	NA	NA	8.70
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	6	15.38	-0-	-0-	NA	NA	13.04
A. Proper person	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ.(530)	5	12.82	-0-	-0-	NA	NA	10.87
D. Grandfathered coverage(540)	1	2.56	-0-	-0-	NA	NA	2.17
E. Other State Medicaid criteria(550)	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III A .3

MEDICAID QUALITY CONTROL: Number of Cases with BENEFICIARY Eligibility/Liability Errors

State CaliforniaReporting Period 10-83 To 3-84

State	California	Reporting Period	10-01-85	10-01-87			
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	59	100%	6	100%		100%	100%
ALL CASES WITH BASIC REQUIREMENT ERRORS	12	20.34	2	33.33	NA	NA	21.54
- Age(110)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Relationship(120)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Citizenship(130)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Residence(140)	1	1.69	-0-	-0-	NA	NA	1.54
- Living Arrangements(150)	7	11.86	1	16.67	NA	NA	12.31
- Deprivation(181-184)	3	5.08	1	16.67	NA	NA	6.15
- Blindness/Disability(185)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Other ext. rel.(186)	1	1.69	-0-	-0-	NA	NA	1.54
ALL CASES WITH RESOURCE ERRORS	8	13.56	-0-	-0-	NA	NA	12.31
- Bank Accounts(211)	4	6.78	-0-	-0-	NA	NA	6.15
- Other liquid assets(213)	1	1.69	-0-	-0-	NA	NA	1.54
- Real property(221)	2	3.39	-0-	-0-	NA	NA	3.08
- Vehicles(222)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Life insurance(223)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Other non-liquid resources(224)	-0-	-0-	-0-	-0-	NA	NA	-0-
- Combined resources(225)	1	1.69	-0-	-0-	NA	NA	1.54

Table III A .3

MEDICAID QUALITY CONTROL: Number of Cases with BENEFICIARY Eligibility/Liability Errors by Element of Error

State California Reporting Period 10-83 to 3-84

State	California	Reporting Period	10-85	to	3-86			Total Percent Only	
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION			Stratum						C
			MAN		AFDC		SSI		
			Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS			37	62.71	4	66.67	NA	NA	63.09
A. Wages and Salaries(311)			7	11.86	4	66.67	NA	NA	16.02
B. Self employment(312)			-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credits(313)			-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)			-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)			-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)			11	18.64	-0-	-0-	NA	NA	16.92
G. Other gov't. benefits(332-336)			12	20.34	-0-	-0-	NA	NA	18.46
H. Food stamp/housing(341)			-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)			-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)			5	8.47	-0-	-0-	NA	NA	7.69
K. Other disregards(363-362,371-372)			2	3.39	-0-	-0-	NA	NA	3.08
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS			-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)			-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)			-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)			-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)			-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS			2	3.39	-0-	-0-	NA	NA	3.08
A. Proper person			-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)			-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ.(530)			2	3.39	-0-	-0-	NA	NA	3.08
D. Grandfathered coverage(540)			-0-	-0-	-0-	-0-	NA	NA	-0-
E. Other State Medicaid criteria(550)			-0-	-0-	-0-	-0-	NA	NA	-0-

Table III B.1

MEDICAID QUALITY CONTROL: Dollar Amount of Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 10-83 To 3-84

State California		Reporting Period		1975				
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C	
	MAO		AFDC		SSI			
	Number A	Percent B	Number A	Percent B	Number A	Percent B		
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	12,560	100%	671	100%		100%	100%	
II. ALL CASES WITH BASIC REQUIREMENT ERRORS	1412	11.24	574	85.54	NA	NA	15.01	
	9	.07	-0-	-0-	NA	NA	.07	
	A. Age(110)	-0-	-0-	-0-	-0-	NA	NA	-0-
	B. Relationship(120)	-0-	-0-	-0-	-0-	NA	NA	-0-
	C. Citizenship(130)	-0-	-0-	-0-	-0-	NA	NA	-0-
	D. Residence(140)	9	.07	-0-	-0-	NA	NA	.07
	E. Living Arrangements(150)	659	5.25	46	7.15	NA	NA	5.34
	F. Deprivation(181-184)	726	5.78	491	73.17	NA	NA	9.20
	G. Blindness/Disability(185)	3	.02	35	5.22	NA	NA	.20
	H. Other cat. rel.(186)	6	.05	-0-	-0-	NA	NA	.05
III. ALL CASES WITH RESOURCE ERRORS	9037	71.95	6	.80	NA	NA	68.35	
	2787	22.19	6	.89	NA	NA	21.11	
	A. Bank Accounts(211)	667	5.31	-0-	-0-	NA	NA	5.04
	B. Other liquid assets(213)	5401	43.00	-0-	-0-	NA	NA	40.82
	C. Real property(221)	-0-	-0-	-0-	-0-	NA	NA	-0-
	D. Vehicle(222)	-0-	-0-	-0-	-0-	NA	NA	-0-
	E. Life insurance(223)	-0-	-0-	-0-	-0-	NA	NA	-0-
	F. Other non-liquid resources(224)	-0-	-0-	-0-	-0-	NA	NA	-0-
	G. Combined resources(225)	182	1.45	-0-	-0-	NA	NA	1.38

Table III B.1

MEDICAID QUALITY CONTROL: Dollar Amount of Eligibility/Liability Errors by Element of Error

State California Reporting Period 10-83 to 3-84

State <u>California</u>		Reporting Period <u>12/00 to 01/01</u>		Stratum				Total Percent Only C
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION		MAO Number A Percent B		AFDC Number A Percent B		SSI Number A Percent B		
IV. ALL CASES WITH INCOME ERRORS		1706	13.58	91	13.56	NA	NA	12.59
A. Wages and Salaries(311)		158	1.26	91	13.56	NA	NA	1.88
B. Self employment(312)		-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)		-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)		-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)		-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)		392	3.12	-0-	-0-	NA	NA	2.96
G. Other gov't. benefits(332-336)		718	5.72	-0-	-0-	NA	NA	5.43
H. Food stamp/housing(341)		-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)		-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)		152	1.21	-0-	-0-	NA	NA	1.15
K. Other disregards(363-362,371-372)		286	2.28	-0-	-0-	NA	NA	2.16
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS		-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)		-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)		-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)		-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)		-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS		405	3.22	-0-	-0-	NA	NA	3.06
A. Proper person		-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)		-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ.(530)		127	1.01	-0-	-0-	NA	NA	.06
D. Grandfathered coverage(540)		278	2.21	-0-	-0-	NA	NA	2.10
E. Other State Medicaid criteria(550)		-0-	-0-	-0-	-0-	NA	NA	-0-

Table III B. 2

MEDICAID QUALITY CONTROL: Dollar Amount of AGENCY Eligibility/Liability Errors by Element of Error
by Element of Error

State CaliforniaReporting Period 10-83 To 3-84

State		Reporting Period		Stratum				Total Percent Only C
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION		MAO		AFDC		SSI		
		Number A	Percent B	Number A	Percent B	Number A	Percent B	
ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS		6456	100%	526	100%		100%	100%
ALL CASES WITH BASIC REQUIREMENT ERRORS A. Age(110) B. Relationship(120) C. Citizenship(130) D. Residence(140) E. Living Arrangements(150) F. Deprivation(181-184) G. Blindness/Disability(185) Other cat. rel.(186)		684	10.59	520	98.86	NA	NA	17.24
		9	.14	-0-	-0-	NA	NA	.13
		-0-	-0-	-0-	-0-	NA	NA	-0-
		-0-	-0-	-0-	-0-	NA	NA	-0-
		6	.09	-0-	-0-	NA	NA	.09
		503	7.79	-0-	-0-	NA	NA	7.20
		160	2.48	485	92.21	NA	NA	9.24
		3	.05	35	6.65	NA	NA	.54
		3	.05			NA	NA	.04
II. ALL CASES WITH RESOURCE ERRORS A. Bank Accounts(211) B. Other liquid assets(213) C. Real property(221) D. Vehicle(222) E. Life Insurance(223) F. Other non-liquid resources(224) G. Combined resources(225)		5073	78.58	6	1.14	NA	NA	72.74
		1406	21.78	6	1.14	NA	NA	20.22
		-0-	-0-	-0-	-0-	NA	NA	-0-
		3667	56.80	-0-	-0-	NA	NA	52.52
		-0-	-0-	-0-	-0-	NA	NA	-0-
		-0-	-0-	-0-	-0-	NA	NA	-0-
		-0-	-0-	-0-	-0-	NA	NA	-0-
		-0-	-0-	-0-	-0-	NA	NA	-0-
		-0-	-0-	-0-	-0-	NA	NA	-0-

Table III B.2

**MEDICAID QUALITY CONTROL: Dollar Amount of AGENCY Eligibility/Liability Errors by Element of Error
by Element of Error**

State CaliforniaReporting Period 10-83 to 3-84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	297	4.60	-0-	-0-	NA	NA	4.25
A. Wages and Salaries(311)	45	.70	-0-	-0-	NA	NA	.64
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credits(313)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)	65	1.01	-0-	-0-	NA	NA	.93
G. Other gov't. benefits(332-336)	9	.14	-0-	-0-	NA	NA	.13
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	3	.05	-0-	-0-	NA	NA	.06
K. Other disregards(363-362,371-372)	175	2.71	-0-	-0-	NA	NA	2.51
V. ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
VI. ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	402	6.23	-0-	-0-	NA	NA	5.76
A. Proper person	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ. (530)	124	1.92	-0-	-0-	NA	NA	1.78
D. Grandfathered coverage(540)	278	4.31	-0-	-0-	NA	NA	3.98
E. Other State Medicaid criteria(550)	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III B.3

MEDICAID QUALITY CONTROL: Dollar Amount of BENEFICIARY Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 10-83 To 3-84

State		Attorney		Reporting Period		Stratum		Total Percent Only C	
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION		MAO		AFDC		SSI			
		Number A	Percent B	Number A	Percent B	Number A	Percent B		
I. ALL CASES WITH ELIGIBILITY/LIABILITY ERRORS		6104	100%	145	100%		100%	100%	
I. ALL CASES WITH BASIC REQUIREMENT ERRORS		728	11.93	54	37.24	NA	NA	12.51	
		-0-	-0-	-0-	-0-	NA	NA	-0-	
		A. Age(110)	-0-	-0-	-0-	-0-	NA	NA	-0-
		B. Relationship(120)	-0-	-0-	-0-	-0-	NA	NA	-0-
		C. Citizenship(130)	3	.05	-0-	-0-	NA	NA	.05
		D. Residence(140)	156	2.56	48	33.10	NA	NA	3.26
		E. Living Arrangements(150)	566	9.27	6	4.14	NA	NA	9.15
		F. Deprivation(181-184)	-0-	-0-	-0-	-0-	NA	NA	-0-
		G. Blindness/Disability(185)	3	.05	-0-	-0-	NA	NA	.05
H. Other ext. rel.(186)									
II. ALL CASES WITH RESOURCE ERRORS		3964	64.94	-0-	-0-	NA	NA	63.43	
		1381	22.62	-0-	-0-	NA	NA	22.10	
		A. Bank Accounts(211)	667	10.93	-0-	-0-	NA	NA	10.67
		B. Other liquid assets(213)	1734	28.41	-0-	-0-	NA	NA	27.75
		C. Real property(221)	-0-	-0-	-0-	-0-	NA	NA	-0-
		D. Vehicle(222)	-0-	-0-	-0-	-0-	NA	NA	-0-
		E. Life insurance(223)	-0-	-0-	-0-	-0-	NA	NA	-0-
		F. Other non-liquid resources(224)	-0-	-0-	-0-	-0-	NA	NA	-0-
		G. Combined resources(225)	182	2.98			NA	NA	2.91

MEDICAID QUALITY CONTROL: Dollar Amount of BENEFICIARY Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 10-83 to 3-84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	System						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	1409	23.08	91	62.76	NA	NA	24.00
A. Wages and Salaries(311)	113	1.85	91	62.76	NA	NA	3.26
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)	-0-	0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)	327	5.36	-0-	-0-	NA	NA	5.23
G. Other gov't. benefits(332-336)	700	11.62	-0-	-0-	NA	NA	11.35
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	149	2.44	-0-	-0-	NA	NA	2.38
K. Other disregards(363-362,371-372)	111	1.82	-0-	-0-	NA	NA	1.76
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	3	.05	-0-	-0-	NA	NA	.05
A. Proper person	0	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ.(530)	3	.05	-0-	-0-	NA	NA	.05
D. Grandfathered coverage(540)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Other State Medicaid criteria(550)	-0-	-0-	-0-	-0-	NA	NA	-0-

Table VII A
MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State California Reporting Period 10-83 to 3-84

CHARACTERISTIC	Cases with Error		Cases Without Error	
	Number A	Percent B	Number C	Percent D
I. TOTAL	98	100%	875	100%
II. TYPE OF MOST RECENT ACTION		100%		100%
A. Approved application	52	53.06	357	40.80
B. Redetermination	46	46.94	518	59.20
III. NUMBER OF MONTHS SINCE MOST RECENT ACTION		100%		100%
A. Three or fewer	27	27.55	119	13.60
B. Four to six	16	16.33	117	13.37
C. Seven to nine	9	9.18	91	10.40
D. Ten to twelve	6	6.12	54	6.17
E. Thirteen or more	40	40.82	494	56.46
IV. NUMBER OF PERSONS IN MEDICAID ASSISTANCE GROUP		100%		100%
A. One	62	63.27	516	58.97
B. Two	14	14.29	163	18.63
C. Three	9	9.18	89	10.17
D. Four	7	7.14	58	6.63
E. Five	3	3.06	28	3.20
F. Six	2	2.04	13	1.49
G. Seven	-0-	-0-	4	.46
H. Eight	-0-	-0-	3	.34
I. Nine	1	1.02	0	-0-
J. Ten or more	0	-0-	1	.11

Table VII A

MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State CaliforniaReporting Period 10-83 to 3-84

CHARACTERISTIC	Cases With Errors		Cases Without Errors	
	Number A	Percent B	Number C	Percent D
V. TYPES OF INCOME PRESENT				
A. Earned income	28	28.57	241	24.77
B. RSDI/RBB benefits	60	61.22	348	35.77
C. Other government benefit programs	4	4.08	71	7.30
D. Pensions and other benefits	28	28.57	87	8.94
E. Other unearned income	17	17.35	158	16.24
VI. TYPES OF RESOURCES AVAILABLE				
A. Real property	3	3.06	5	.51
B. Other personal property	8	8.16	44	4.52
C. Liquid assets	63	64.29	407	41.83
D. Other non liquid assets	8	8.16	22	2.26

CHARACTERISTIC	Cases With Eligibility/Liability Errors	
	Number A	Percent B
I. AGE OF ERROR—TOTAL	92	100%
A. 3 months or fewer	59	60.20
B. 4 to 6 months	23	23.47
C. 7 to 9 months	8	8.16
D. 10 to 12 months	8	8.16
E. 13 or more months	-0-	-0-
II. RELATIONSHIP OF DATE OF MOST RECENT ERROR TO DATE OF MOST RECENT ACTION—TOTAL		100%
A. Before	5	5.10
B. Coincident	26	26.53
C. After:	67	68.37
1. 3 months or fewer	24	24.49
2. 4 to 6 months	23	23.47
3. 7 to 9 months	15	15.31
4. 10 to 12 months	5	5.10
5. 13 or more months	0	-0-
III. DISCOVERY OF ERROR		
A. From case record	44	44.90
B. Incorrect case record	3	3.06
C. Recipient interview	28	28.57
D. Employer	1	1.02
E. Financial institution	1	1.02
F. Landlord	-0-	-0-
G. Relatives, etc.	9	9.18
H. Gov't. agencies	9	9.18

Table VIII
 MEDICAID QUALITY CONTROL: Universe Data by Stratum or Substratum

Stratum MAN

Substratum NA

State California Reporting Period 10-83 to 3-84

MONTH		NUMBER OF CASES A	DOLLAR PAYMENTS B
1.	October 1983	313,717	109,343,495
2.	November 1983	313,590	107,521,333
3.	December 1983	312,556	117,466,504
4.	January 1984	315,649	92,149,130
5.	February 1984	314,027	123,137,844
6.	March 1984	314,863	98,087,719

ATTACHMENT II

FEDERAL QUALITY CONTROL

TABLES FROM THE APRIL - SEPTEMBER 1984 REVIEW PERIOD

Table IA
MEDICAID QUALITY CONTROL: Statistical Summary

State California Reporting Period April 1984 to September 1984

	Stratum			TOTAL B
	MAO A	AFDC A	SSI A	
I. AVERAGE MONTHLY MEDICAID CASELOAD	311,493	560,467	NA	871,960
II. AVERAGE MONTHLY UNIVERSE OF MEDICAID PAYMENTS MADE DURING THE REPORTING PERIOD	110,066,904	82,998,600	NA	193,065,504
III. NUMBER OF CASES SELECTED FOR THE REPORTING PERIOD	1051	1381	NA	2432
IV. NUMBER OF REVIEWS COMPLETED DURING THE REPORTING PERIOD	976	1241	NA	2217
V. TOTAL NUMBER OF SAMPLE CASES FOR WHICH REVIEWS HAVE NOT BEEN COMPLETED	75	140	NA	215
A. Listed in error	31	45	NA	76
B. Moved out of state since review month	5	14	NA	19
C. Unwilling to give information	23	19	NA	42
D. Could not be located	14	58	NA	72
E. Other reasons	2	4	NA	6
VI. NUMBER OF COMPLETED REVIEWS HAVING CLAIMS	976	1241	NA	2432
VII. NUMBER OF CLAIMS PROCESSED FOR SAMPLE CASES	4986	7034	NA	12,020
VIII. DOLLAR PAYMENTS FOR ALL SAMPLE CASES REVIEWED	294,690	128,056	NA	422,746

Table IB

MEDICAID QUALITY CONTROL: Number of Cases and Amount of Error by Error Classification

State CaliforniaReporting Period April 1984 September 1984

				Stratum			Total Percent Only B
				MAO A	AFDC A	SSI A	
I. NUMBER OF CASES BY ERROR CLASSIFICATION AND AS A PERCENT OF CASES COMPLETED							
A. Cases having one or more errors	(1)	#	107	5	NA		
	(2)	%	10.96	.40	NA		4.17
B. Ineligible cases	(1)	#	45	2	NA		
	(2)	%	4.61	.16	NA		1.75
C. Eligible with ineligible members	(1)	#	16	3	NA		
	(2)	%	1.64	.24	NA		.74
D. Liability understated error only	(1)	#	30	-0-	NA		
	(2)	%	3.07	-0-	NA		1.10
E. Liability overstated error only	(1)	#	15	-0-	NA		
	(2)	%	1.54	-0-	NA		.55
F. Liability understated error with ineligible members	(1)	#	1	-0-	NA		
	(2)	%	.10	-0-	NA		.04
G. Liability overstated error with ineligible members	(1)	#	-0-	-0-	NA		
	(2)	%	-0-	-0-	NA		-0-
H. Third party liability errors	(1)	#	NA	NA	NA		
	(2)	%	NA	NA	NA		NA
I. Initially liability understated- finally eligible	(1)	#	-0-	-0-	NA		
	(2)	%	-0-	-0-	NA		0
J. Excess Resource Error	(1)	#	7	-0-	NA		
	(2)	%	.71	-0-	NA		.25

**II. NUMBER OF CASES WITH CLAIMS BY ERROR
CLASSIFICATION AND AS A PERCENT OF CASES
WITH CLAIMS**

A. Cases having one or more errors	(1)	#	107	5	NA	NA	
	(2)	%	10.96	.40	NA	NA	4.17
B. Ineligible cases	(1)	#	45	2	NA	NA	
	(2)	%	4.61	.16	NA	NA	1.75
C. Eligible with ineligible members	(1)	#	16	3	NA	NA	
	(2)	%	1.64	.24	NA	NA	.74
D. Liability understated error only	(1)	#	30	-0-	NA	NA	
	(2)	%	3.07	-0-	NA	NA	1.10
E. Liability overstated error only	(1)	#	15	-0-	NA	NA	
	(2)	%	1.54	-0-	NA	NA	.55
F. Liability understated error with ineligible members	(1)	#	1	-0-	NA	NA	
	(2)	%	.10	-0-	NA	NA	.04
G. Liability overstated error with ineligible members	(1)	#	-0-	-0-	NA	NA	
	(2)	%	-0-	-0-	NA	NA	-0-
H. Third party liability errors	(1)	#	NA	NA	NA	NA	
	(2)	%	NA	NA	NA	NA	NA
I. Initially liability understated- finally eligible	(1)	#	-0-	-0-	NA	NA	
	(2)	%	-0-	-0-	NA	NA	-0-

Table 1B
MEDICAID QUALITY CONTROL: Number of Cases and Amount of Error by Error Classification

State California Reporting Period April 1984 September 1984

		Stratum			Total Percent Only B.
		MAO A	AFDC A	SSI A	
ROSS PAYMENT ERRORS AND AS A PERCENT TOTAL PAYMENTS TO SAMPLE CASES					
1. Total error payments for all error classifications	(1)	\$ 9805	43	NA	
	(2)	% 3.33	.03	NA	1.91
2. Error payments for ineligible recipients	(1)	\$ 7833	43	NA	
	(2)	% 2.66	.03	NA	1.53
3. Error payments resulting from case liability understated errors	(1)	\$ 1972	0	NA	
	(2)	% .67	0		.38
4. Error payments resulting from third party liability errors	(1)	\$ NA	NA	NA	
	(2)	% NA	NA	NA	NA

LLAR AMOUNT OF LIABILITY ERSTATED FOR ALL CASES	1,112	-0-	NA	
LLAR AMOUNT OF LIABILITY ERSTATED FOR ALL CASES	40,908.	-0-	NA	

MEDICAID QUALITY CONTROL:
DOLLAR VALUE OF ELIGIBILITY/LIABILITY ERRORS BY SOURCE OF ERROR
STATE: CA REPORTING PERIOD:

LIABILITY/ ELIGIBILITY ERROR	INELIGIBLE CASES		LIABILITY UNDERSTATED		TOTAL	
	AMT	%	AMT	&	AMT	%
	A	B	C	D	E	F
DOLLAR AMOUNT OF AGENCY AND BENEFICIARY ERRORS	7833	100%	1972	100%	9805	100%
DOLLAR AMOUNT OF AGENCY ERRORS	5897	75.29	415	21.03	6312	64.37
	39	.50	87	4.41	126	1.29
CORRECT POLICY BUT INCORRECTLY APPLIED (10)						
WRONG POLICY APPLIED 11	3089	39.44	146	7.40	3235	32.99
FAILURE TO TAKE INDICATED ACTION						
INFORMATION DISREGARDED OR NOT APPLIED 12190	1547	19.75	128	6.49	1675	17.08
2. FOLLOW-UP ON IMPENDING CHANGES (15)	191	2.44	49	2.48	240	2.45
3. FOLLOW-UP INCONSISTENT OR INCOMPLETE INFOR- MATION (14)	3	.04	-0-	-0-	3	.03
4. VERIFY WHERE REQUIRED BY AGENCY POLICY (16)	1028	13.12	-0-	-0-	1028	10.48
REPORTED INFORMATION INACCURATE (13)	-0-	-0-	-0-	-0-	-0-	-0-
ARITHMETIC COMPUTATION (20)	-0-	-0-	5	.25	5	.05

DOLLAR AMOUNT OF BENEFICIARY ERRORS	1936	24.72	1557	78.95	3493	35.63
ANGES IN CIRCUMSTANCES NOT REPORTED (01)	541	6.91	1467	74.39	2008	20.48
INFORMATION PROVIDED IS NOT CORRECT (02)	1395	17.81	90	4.56	1458	15.15
WILLFUL MISREPRESENTATION IN PROVIDING INFORMATION (03 & 04) -	-0-	-0-	-0-	-0-	-0-	-0-

Table III A. 1

MEDICAID QUALITY CONTROL: Number of Cases with Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 4/84 To 9/84

State California		Reporting Period 12/78		Stratum				Total Percent Only C
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	MAO		AFDC		SSI			
	Number A	Percent B	Number A	Percent B	Number A	Percent B		
ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	107	100%	5	100%	NA	100%	100%	
ALL CASES WITH BASIC REQUIREMENT ERRORS	31	28.97	5	100	NA	NA	32.14	
	3	2.80	-0-	-0-	NA	NA	2.68	
	-0-	-0-	-0-	-0-	NA	NA	-0-	
	1	.93	-0-	-0-	NA	NA	.89	
	-0-	-0-	-0-	-0-	NA	NA	-0-	
	15	14.02	2	40.00	NA	NA	15.18	
	5	4.67	3	60.00	NA	NA	7.14	
	3	2.80	-0-	-0-	NA	NA	2.68	
	4	3.74	-0-	-0-	NA	NA	3.57	
	ALL CASES WITH RESOURCE ERRORS	7	6.54	-0-	-0-	NA	NA	6.25
1		.93	-0-	-0-	NA	NA	.89	
-0-		-0-	-0-	-0-	NA	NA	-0-	
6		5.61	-0-	-0-	NA	NA	5.36	
0		-0-	-0-	-0-	NA	NA	-0-	
0		-0-	-0-	-0-	NA	NA	-0-	
0		-0-	-0-	-0-	NA	NA	-0-	
0		-0-	-0-	-0-	NA	NA	-0-	

Table III A . 1

MEDICAID QUALITY CONTROL: Number of Cases with Eligibility/Liability Errors by Element of Error

State California Reporting Period 4/84 to 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
V. ALL CASES WITH INCOME ERRORS	57	53.27	-0-	-0-	NA	NA	50.89
A. Wages and Salaries(311)	14	13.08	-0-	-0-	NA	NA	12.50
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	1	.93	-0-	-0-	NA	NA	.89
F. PSDI benefits(331)	16	14.95	-0-	-0-	NA	NA	14.29
G. Other gov't. benefits(332-336)	6	5.61	-0-	-0-	NA	NA	5.36
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	2	1.87	-0-	-0-	NA	NA	1.79
K. Other disregards(363-362,371-372)	18	16.82	-0-	-0-	NA	NA	16.07
L CASES WITH COMPUTATION OF NANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
M CASES WITH OTHER MEDICAID AVERAGE REQUIREMENT ERRORS	12	11.21	-0-	-0-	NA	NA	10.71
A. Proper person	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	3	2.80	-0-	-0-	NA	NA	2.68
C. Beneficiary liability determ.(530)	6	5.61	-0-	-0-	NA	NA	5.36
D. Grandfathered coverage(540)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Other State Medicaid criteria(550)	3	2.80	-0-	-0-	NA	NA	2.68

Table III A .2

MEDICAID QUALITY CONTROL: Number of Cases with AGENCY Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 4/84 To 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	59	100%	3	100%	NA	100%	$\frac{62}{100\%}$
II. ALL CASES WITH BASIC REQUIREMENT ERRORS	21	35.59	3	100	NA	NA	38.71
	3	5.08	-0-	-0-	NA	NA	4.84
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	1	1.69	-0-	-0-	NA	NA	1.61
	-0-	-0-	-0-	-0-	NA	NA	-0-
	8	13.56	-0-	-0-	NA	NA	12.90
	4	6.78	3	100	NA	NA	11.29
	2	3.39	-0-	-0-	NA	NA	3.23
III. ALL CASES WITH RESOURCE ERRORS	3	5.08	-0-	-0-	NA	NA	4.84
	5	8.47	-0-	-0-	NA	NA	8.06
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	5	8.47	-0-	-0-	NA	NA	8.06
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III A. 2

MEDICAID QUALITY CONTROL: Number of Cases with AGENCY Eligibility/Liability Errors by Element of Error

State California Reporting Period 4/84 to 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	21	35.59	0	0	NA	NA	33.87
A. Wages and Salaries(311)	3	5.08	0	0	NA	NA	4.84
B. Self employment(312)	-0-	-0-	0	0	NA	NA	-0-
C. Tax credit(313)	-0-	-0-	0	0	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	0	0	NA	NA	-0-
E. Earned income disregards(321-323)	1	1.69	0	0	NA	NA	1.61
F. RSDI benefits(331)	8	13.56	0	0	NA	NA	12.90
G. Other gov't. benefits(332-336)	-0-	-0-	0	0	NA	NA	-0-
H. Food stamp/housing(341)	-0-	-0-	0	0	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	0	0	NA	NA	-0-
J. Other income(344-346)	-0-	-0-	0	0	NA	NA	-0-
K. Other disregards(363-362,371-372)	9	15.25	0	0	NA	NA	14.52
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	0	0	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	0	0	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	0	0	NA	NA	-0-
C. Combined(413)	-0-	-0-	0	0	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	0	0	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	12	20.34	0	0	NA	NA	19.35
A. Proper person	-0-	-0-	0	0	NA	NA	-0-
B. Arithmetic computation(520)	3	5.08	0	0	NA	NA	4.84
C. Beneficiary liability determ.(530)	6	10.17	0	0	NA	NA	9.68
D. Grandfathered coverage(540)	-0-	-0-	0	0	NA	NA	-0-
E. Other State Medicaid criteria(550)	3	5.08	0	0	NA	NA	4.84

Table III A .3

MEDICAID QUALITY CONTROL: Number of Cases with BENEFICIARY Eligibility/Liability Errors

State CaliforniaReporting Period 4/84 To 9/84

State California		Reporting Period 4/7/82		Stratum				Total Percent Only C
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION		MAO		AFDC		SSI		
		Number A	Percent B	Number A	Percent B	Number A	Percent B	
ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS		48	100%	2	100%	NA	100%	50 100%
ALL CASES WITH BASIC REQUIREMENT ERRORS		10	20.83	2	100	NA	NA	24.00
Age(110)		-0-	-0-	-0-	-0-	NA	NA	-0-
Relationship(120)		-0-	-0-	-0-	-0-	NA	NA	-0-
Citizenship(130)		-0-	-0-	-0-	-0-	NA	NA	-0-
Residence(140)		-0-	-0-	-0-	-0-	NA	NA	-0-
Living Arrangements(150)		7	14.58	2	100	NA	NA	18.00
Deprivation(181-184)		1	2.08	-0-	-0-	NA	NA	2.00
Blindness/Disability(185)		1	2.08	-0-	-0-	NA	NA	2.00
Other ext. rel.(186)		1	2.08	-0-	-0-	NA	NA	2.00
ALL CASES WITH RESOURCE ERRORS		2	4.17	-0-	-0-	NA	NA	4.00
Bank Accounts(211)		1	2.08	-0-	-0-	NA	NA	2.00
Other liquid assets(213)		-0-	-0-	-0-	-0-	NA	NA	-0-
Real property(221)		1	2.08	-0-	-0-	NA	NA	2.00
Vehicle(222)		-0-	-0-	-0-	-0-	NA	NA	-0-
Life insurance(223)		-0-	-0-	-0-	-0-	NA	NA	-0-
Other non-liquid resources(224)		-0-	-0-	-0-	-0-	NA	NA	-0-
Combined resources(225)		-0-	-0-	-0-	-0-	NA	NA	-0-

Table III A .3

MEDICAID QUALITY CONTROL: Number of Cases with BENEFICIARY Eligibility/Liability Errors by Element of Error

State California Reporting Period 4/84 to 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	System						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	36	75.00	-0-	-0-	NA	NA	72.00
A. Wages and Salaries(311)	11	22.92	-0-	-0-	NA	NA	22.00
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)	8	16.67	-0-	-0-	NA	NA	16.00
G. Other gov't. benefits(332-336)	6	12.50	-0-	-0-	NA	NA	12.00
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	2	4.17	-0-	-0-	NA	NA	4.00
K. Other disregards(363-362,371-372)	9	18.75	-0-	-0-	NA	NA	18.00
LL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
LL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Proper person	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determ.(530)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Grandfathered coverage(540)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Other State Medicaid criteria(550)	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III B.1

MEDICAID QUALITY CONTROL: Dollar Amount of Eligibility/Liability Errors by Element of Error

State CaliforniaReporting Period 4/1984 To 9/1984

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	9805	100%	43	100%	NA	100%	100%
II. ALL CASES WITH BASIC REQUIREMENT ERRORS	2172	22.15	43	100	"	"	22.49
A. Age(110)	303	3.09	0	0	"	"	3.08
B. Relationship(120)	0	0	0	0	"	"	0
C. Citizenship(130)	211	2.15	0	0	"	"	2.14
D. Residence(140)	0	0	0	0	"	"	0
E. Living Arrangements(150)	179	1.83	15	34.88	"	"	1.97
F. Deprivation(181-184)	406	4.14	28	65.12	"	"	4.41
G. Blindness/Disability(185)	1034	10.55	0	0	"	"	10.50
H. Other cat. rel.(186)	39	.40	0	0	"	"	.40
III. ALL CASES WITH RESOURCE ERRORS	4887	49.84	0	0	"	"	49.62
A. Bank Accounts(211)	55	.56	0	0	"	"	.56
B. Other liquid assets(212)	0	0	0	0	"	"	0
C. Real property(221)	4832	49.28	0	0	"	"	49.07
D. Vehicle(222)	0	0	0	0	"	"	0
E. Life insurance(223)	0	0	0	0	"	"	0
F. Other non-liquid resources(224)	0	0	0	0	"	"	0
G. Combined resources(225)	0	0	0	0	"	"	0

Table III B.1

MEDICAID QUALITY CONTROL: Dollar Amount of Eligibility/Liability Errors by Element of Error

State California Reporting Period 4/1984 to 9/1984

State California		Reporting Period 4/1987 to 3/1988		Stratum				Total Percent Only C
PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION		MAO		AFDC		SSI		
		Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS		2645	26.98	0	0	NA	NA	26.86
A. Wages and Salaries(311)		645	6.58	0	0	"	"	6.55
B. Self employment(312)		0	0	0	0	"	"	0
C. Tax credit(313)		0	0	0	0	"	"	0
D. Other earned income(314)		0	0	0	0	"	"	0
E. Earned income disregards(321-323)		0	0	0	0	"	"	0
F. RSDI benefits(331)		532	5.43	0	0	"	"	5.40
G. Other gov't. benefits(332-336)		890	9.08	0	0	"	"	9.04
Food stamp/housing(341)		0	0	0	0	"	"	0
I. Income in-kind or deemed(342-343)		0	0	0	0	"	"	0
J. Other income(344-346)		61	.62	0	0	"	"	.62
K. Other disregards(363-362,371-372)		517	5.27	0	0	"	"	5.25
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS		0	0	0	0	"	"	0
A. Shelter only(411)		0	0	0	0	"	"	0
B. Subsistence(412)		0	0	0	0	"	"	0
C. Combined(413)		0	0	0	0	"	"	0
D. Special circumstance(420)		0	0	0	0	"	"	0
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS		101	1.03	0	0	"	"	1.03
A. Proper person		0	0	0	0	"	"	0
B. Arithmetic computation(520)		39	.40	0	0	"	"	.40
Beneficiary liability determ.(530)		53	.54	0	0	"	"	.54
D. Grandfathered coverage(540)		0	0	0	0	"	"	0
E. Other State Medicaid criteria(550)		9	.09	0	0	"	"	.09

Table III B. 2

MEDICAID QUALITY CONTROL: Dollar Amount of AGENCY Eligibility/Liability Errors by Element of Error
by Element of Error

State CaliforniaReporting Period 4/84 To 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	6362	100%	28	100%	NA	100%	6390 100%
II. ALL CASES WITH BASIC REQUIREMENT ERRORS	2139	33.62	28	100	NA	NA	33.91
	303	4.76	-0-	-0-	NA	NA	4.74
	-0-	-0-	-0-	-0-	NA	NA	-0-
	211	3.32	-0-	-0-	NA	NA	3.30
	-0-	-0-	-0-	-0-	NA	NA	-0-
	158	2.48	-0-	-0-	NA	NA	2.47
	403	6.33	28	100	NA	NA	6.74
	1031	16.21	-0-	-0-	NA	NA	16.13
	33	.52	-0-	-0-	NA	NA	.52
	III. ALL CASES WITH RESOURCE ERRORS	3471	54.56	-0-	-0-	NA	NA
-0-		-0-	-0-	-0-	NA	NA	-0-
-0-		-0-	-0-	-0-	NA	NA	-0-
3471		54.56	-0-	-0-	NA	NA	-0-
-0-		-0-	-0-	-0-	NA	NA	-0-
-0-		-0-	-0-	-0-	NA	NA	-0-
-0-		-0-	-0-	-0-	NA	NA	-0-
-0-		-0-	-0-	-0-	NA	NA	-0-
-0-		-0-	-0-	-0-	NA	NA	-0-

Table III B.2

**MEDICAID QUALITY CONTROL: Dollar Amount of AGENCY Eligibility/Liability Errors by Element of Error
by Element of Error**

State California Reporting Period 4/84 to 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	651	10.23	-0-	-0-	NA	NA	10.19
A. Wages and Salaries(311)	20	.31	-0-	-0-	NA	NA	.31
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credits(313)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)	298	4.68	-0-	-0-	NA	NA	4.66
G. Other gov't. benefits(332-336)	-0-	-0-	-0-	-0-	NA	NA	-0-
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	-0-	-0-	-0-	-0-	NA	NA	-0-
K. Other disregards(363-362,371-372)	333	5.23	-0-	-0-	NA	NA	5.21
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	101	1.59	-0-	-0-	NA	NA	1.58
A. Proper person	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	39	.61	-0-	-0-	NA	NA	.61
C. Beneficiary liability determ.(530)	53	.83	-0-	-0-	NA	NA	.83
D. Grandfathered coverage(540)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Other State Medicaid criteria(550)	9	.14	-0-	-0-	NA	NA	.14

Table III B.3

**MEDICAID QUALITY CONTROL: Dollar Amount of BENEFICIARY Eligibility/Liability Errors
by Element of Error**

State CaliforniaReporting Period 4/84 To 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS	3443	100%	15	100%	NA	100%	34.56 100%
I. ALL CASES WITH BASIC REQUIREMENT ERRORS	33	.96	15	100	NA	NA	1.39
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	21	.61	15	100	NA	NA	1.04
	3	.09	-0-	-0-	NA	NA	.09
	3	.09	-0-	-0-	NA	NA	.09
	6	.17	-0-	-0-	NA	NA	.17
II. ALL CASES WITH RESOURCE ERRORS	1416	41.13	-0-	-0-	NA	NA	40.95
	55	1.60	-0-	-0-	NA	NA	1.59
	-0-	-0-	-0-	-0-	NA	NA	-0-
	1316	39.53	-0-	-0-	NA	NA	39.63
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-
	-0-	-0-	-0-	-0-	NA	NA	-0-

Table III B.3

**MEDICAID QUALITY CONTROL: Dollar Amount of BENEFICIARY Eligibility/Liability Errors
by Element of Error**

State California Reporting Period 4/84 to 9/84

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
IV. ALL CASES WITH INCOME ERRORS	1994	57.91	-0-	-0-	NA	NA	57.66
A. Wages and Salaries(311)	625	18.15	-0-	-0-	NA	NA	18.07
B. Self employment(312)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Tax credit(313)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Other earned income(314)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Earned income disregards(321-323)	-0-	-0-	-0-	-0-	NA	NA	-0-
F. RSDI benefits(331)	234	6.80	-0-	-0-	NA	NA	6.77
G. Other gov't. benefits(332-336)	890	25.85	-0-	-0-	NA	NA	25.74
H. Food stamp/housing(341)	-0-	-0-	-0-	-0-	NA	NA	-0-
I. Income in-kind or deemed(342-343)	-0-	-0-	-0-	-0-	NA	NA	-0-
J. Other income(344-346)	61	1.77	-0-	-0-	NA	NA	1.76
K. Other disregards(363-362,371-372)	184	5.34	-0-	-0-	NA	NA	5.32
ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Shelter only(411)	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Subsistence(412)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Combined(413)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Special circumstance(420)	-0-	-0-	-0-	-0-	NA	NA	-0-
ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS	-0-	-0-	-0-	-0-	NA	NA	-0-
A. Proper person	-0-	-0-	-0-	-0-	NA	NA	-0-
B. Arithmetic computation(520)	-0-	-0-	-0-	-0-	NA	NA	-0-
C. Beneficiary liability determination(530)	-0-	-0-	-0-	-0-	NA	NA	-0-
D. Grandfathered coverage(540)	-0-	-0-	-0-	-0-	NA	NA	-0-
E. Other State Medicaid criteria(550)	-0-	-0-	-0-	-0-	NA	NA	-0-

Table VII A
MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State California Reporting Period 4/84 to 9/84

CHARACTERISTIC	Cases with Error		Cases Without Error	
	Number A	Percent B	Number C	Percent D
I. TOTAL	107	100%	869	100%
II. TYPE OF MOST RECENT ACTION		100%		100%
A. Approved application	52	48.60	372	42.81
B. Redetermination	55	51.40	497	57.19
III. NUMBER OF MONTHS SINCE MOST RECENT ACTION		100%		100%
A. Three or fewer	11	10.28	127	14.61
B. Four to six	14	13.08	121	13.92
C. Seven to nine	19	17.76	84	9.67
D. Ten to twelve	4	3.74	68	7.83
E. Thirteen or more	59	55.15	469	53.97
IV. NUMBER OF PERSONS IN MEDICAID ASSISTANCE GROUP		100%		100%
A. One	64	59.81	509	58.67
B. Two	20	18.69	149	17.15
C. Three	12	11.21	111	12.77
D. Four	4	3.74	58	6.67
E. Five	5	4.67	25	2.88
F. Six	-0-	-0-	6	.69
G. Seven	2	1.87	2	.23
H. Eight	0	0	3	.35
I. Nine	0	0	5	.58
J. Ten or more	0	0	1	.12

Table VII A

MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State California Reporting Period 4/84 to 9/84

CHARACTERISTIC	Cases With Errors		Cases Without Errors	
	Number A	Percent B	Number C	Percent D
V. TYPES OF INCOME PRESENT				
A. Earned income	25	23.36	250	28.77
B. RSDI/RRB benefits	62	57.94	360	41.43
C. Other government benefit programs	9	8.41	47	5.41
D. Pensions and other benefits	27	25.23	72	8.29
E. Other unearned income	17	15.89	147	16.92
VI. TYPES OF RESOURCES AVAILABLE				
A. Real property	4	3.74	6	.69
B. Other personal property	5	4.67	55	6.33
C. Liquid assets	64	59.81	416	47.87
D. Other non liquid assets	2	1.87	24	2.76

MEDICAID QUALITY CONTROL: Case Characteristics—Eligibility/Liability Error Cases Only
(MAO Stratum Only)

State California Reporting Period 4/84 to 9/84

CHARACTERISTIC	Cases With Eligibility/Liability Errors	
	Number A	Percent B
I. AGE OF ERROR—TOTAL	107	100%
A. 3 months or fewer	62	57.94
B. 4 to 6 months	30	28.04
C. 7 to 9 months	9	8.41
D. 10 to 12 months	4	3.74
E. 13 or more months	2	1.87
II. RELATIONSHIP OF DATE OF MOST RECENT ERROR TO DATE OF MOST RECENT ACTION—TOTAL	107	100%
A. Before	6	5.61
B. Coincident	32	29.91
C. After:	69	64.49
1. 3 months or fewer	27	25.23
2. 4 to 6 months	28	26.17
3. 7 to 9 months	7	6.54
4. 10 to 12 months	6	5.61
5. 13 or more months	1	.93
III. DISCOVERY OF ERROR		
A. From case record	54	50.47
B. Incorrect case record	1	.93
C. Recipient interview	30	28.04
D. Employer	2	1.87
E. Financial institution	4	3.74
F. Landlord	—0—	—0—
G. Relatives, etc.	8	7.48
H. Gov't. agencies	6	5.61

Table VIII
 MEDICAID QUALITY CONTROL: Universe Data by Stratum or Substratum

Stratum MAO

Substratum NA

State California Reporting Period 4/84 to 9/84

MONTH		NUMBER OF CASES A	DOLLAR PAYMENTS B
1.	April 1984	311,493	\$106,006,084
2.	May 1984	311,032	\$120,975,386
3.	June 1984	302,231	\$ 97,197,187
4.	July 1984	308,423	\$109,819,065
5.	August 1984	309,620	\$115,237,600
6.	September 1984	310,001	\$111,166,099

ATTACHMENT III
HISTORICAL COMPARISON OF CASE
AND DOLLAR ERROR RATES FOR
CATEGORIES HAVING SIGNIFICANT ERRORS

HISTORICAL COMPARISON OF CASE AND DOLLAR ERROR RATES
FOR CATEGORIES HAVING SIGNIFICANT ERRORS

Category **	Percent of Case Errors				Percent of Dollar Errors			
	10/82- 3/83	4/83- 9/83*	10/83- 3/84	4/84- 9/84	10/82- 3/83	4/83- 9/83	10/83- 3/84	4/84- 9/84
BASIC REQUIREMENTS								
Age	1.0	2.3	2.0	5.6	10.5	.1	.1	4.2
Living Arrangement	6.2	12.2	3.1	4.7	4.8	5.4	.6	.5
Deprivation	4.6	2.3	11.2	7.5	3.6	.9	10.4	4.3
Blindness/ Disability	1.0	.8	1.0	2.8	1.0	0.0+	0.0+	10.6
RESOURCES								
Bank Accounts	3.6	3.8	4.1	.9	20.2	5.8	11.0	.6
Other Non- Liquid Assets	0.0	.8	1.0	0.0	0.0	9.7	0.0+	0.0
Real Property	1.0	6.9	9.2	5.6	.6	60.5	55.6	49.3
INCOME								
Earned	14.4	11.5	10.2	13.1	12.5	7.7	1.3	6.9
RSDI	13.3	14.5	16.3	19.6	2.5	3.6	3.1	5.9
Other Government Benefits	6.7	6.1	14.3	6.5	10.2	2.7	5.7	9.8
Other Income	3.6	3.8	6.1	.9	4.4	.1	1.2	0.0+
Other Disregards/ Deductions	14.9	9.9	6.1	14.0	22.3	1.7	2.3	4.6
OTHER								
Beneficiary Liability Determination	13.3	8.4	5.1	2.8	1.3	.3	1.0	0.0+

* Includes all error incidents for 4/83-9/83 review period.

** The distribution of errors by category will not necessarily match those on Federal tables as individual work sheets were examined and coding adjusted when indicated.

+ Percentage value = 0 when rounded to the nearest hundreth.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



March 17, 1936

To: All County Welfare Directors
County Administrative Officers

Letter No. 86-12

STATE HEARING REQUESTS - DISABILITY ISSUES

The purpose of this letter is to inform you of new procedures required in processing of state disability hearings and to transmit specific instructions for implementing those procedures. Revisions to the procedures portion of the Medi-Cal Eligibility Manual (MEM) Section 19 will be sent to you under separate cover (A draft of the procedure is attached.)

Background:

The Department of Health Services (DHS) is currently involved in litigation (Visser v. Kizer) over the timeliness of state hearing decisions involving Medi-Cal disability determinations. In response to this litigation, DHS is examining and revising certain procedures for state disability hearings in order to expedite these decisions and establish a more efficient state hearing process.

Under the current state hearing process, a claimant may file a request for a hearing with either the county welfare department (CWD), (in accordance with Saldivar v. McMahon) or the Office of the Chief Referee (OCR). In many cases, the basis for denial or discontinuance is not identified in the hearing request. A hearing is then scheduled and attended by the claimant, a hearing officer, and a county appeals worker. At the hearing the claimant presents his/her allegation of disability and the county appeals worker presents the county position. Once the issue of disability is established as the basis for the hearing request, the hearing officer must ask the claimant to complete the appropriate forms (i.e., a new MC 223, Statement of Facts Regarding Disability, and new MC 220s, Authorization for Release of Information) in order to obtain the Disability Evaluation Division (DED) file. The hearing is then postponed until either the files are received or a new evaluation can be performed by DED. Upon receipt of the DED file or DED's completion of the new evaluation, a second hearing must then be scheduled for the county appeals worker and the claimant to present their arguments.

This procedure is expensive and time-consuming for both the CWD and OCR, and imposes unnecessary case delays. OCR must schedule,

and the CWD must attend two hearings on the same issue. Even where DED finds the individual to be disabled and the CWD obtains a conditional withdrawal prior to the second hearing, county appeals workers will still have had to attend the initial hearing. Also, the necessity of attending two hearings imposes a considerable hardship on many claimants with physical and/or mental problems. Thus, the hearing may need to be again postponed until the claimant is able to attend.

Under the court order in Visser, it is necessary to avoid unnecessary case delays and postponements. Therefore, it is important that disability hearing cases be identified as quickly as possible so that the DED file and any other information required can be obtained prior to the date of the hearing.

The Department and OCR have developed procedures that require securing the necessary disability related information prior to the date of the hearing. A request for Reconsideration form (DHS 7062) has been developed, along with a cover letter, to be sent to each claimant requesting a hearing based on disability. This letter encloses new Authorization for Release of Information (MC 220) forms and instructions for completion of the MC 220 and DHS 7062. It also explains to the claimant the need for the information and provides a telephone number the claimant can call to request assistance or clarification. This set of forms, with the cover letter, is referenced as the disability reconsideration packet.

OCR has accepted the responsibility to prepare and send out the reconsideration packets and will provide a toll-free number for assistance to all claimants involved in disability hearings. However, hearing requests filed directly with the counties (pursuant to Saldivar v McMahon) on Medi-Cal disability issues must be identified for OCR. Therefore, it is necessary that each county review hearing requests and identify requests that involve Medi-Cal disability issues. We have attached a copy of the draft MEM Procedure Section describing the identification procedure to be followed. Please implement this new procedure by May 1, 1986.

Hopefully, this procedure will permit OCR to obtain the DED file and send out the reconsideration packet quickly and will minimize the workload imposed on county staff. It is anticipated that this process will significantly expedite the rendering of hearing decisions involving disability as the information necessary to review disability will already be present at the first hearing.

All County Welfare Directors
County Administrative Officers
Page 3

If you have any questions, please contact Toni Bailey at (916)
324-4953.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: August 30, 1986

19 A - Disability Hearing Requests

In order to conduct a State Hearing involving a disability issue, it is necessary for the Office of the Chief Referee to obtain the disability file from the Disability Evaluation Division (DED) and to contact the person requesting the hearing for additional medical or vocational information. If the necessary information is not gathered prior to the hearing, the hearing officer may have to postpone the hearing, resulting in an untimely decision.

Therefore, all Medi-Cal disability hearing requests made directly to the county pursuant to Saldivar v. McMahon must be identified. The following information must then be provided to OCR along with the hearing request:

1. The name of the person alleging disability (this may differ from the case name and/or the claimant's name).
2. The Social Security Number of the person alleging disability.
3. The birthdate (if available) of the person alleging disability.
4. The date of the denied application or the discontinuance.

OCR will then request the disability file from DED and updated medical information from the claimant. The information will be available at the hearing, thus avoiding unnecessary delays in issuing decisions.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
CRAMENTO, CA 95814



March 17, 1986

To: All County Welfare Directors
County Administrative Officers

Letter No. 86-13

MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) INPUT FOR ESTATE RECOVERY

The attached procedure, "Article 16F -- Probate/Estate Recovery", explains the State's recently expanded operation to increase recoveries from the estates of deceased aged Medi-Cal beneficiaries. We expect this system to identify an additional 1,000 estate cases per year for a projected annual increase in collections of over one million dollars. This procedure will be issued in a Medi-Cal Eligibility Manual Letter update in the near future.

Please instruct your staff to implement this procedure as soon as possible.

If you have any questions on estate recoveries please contact Carol Fignani at (916) 322-0648 (ATSS) 492-0648. Questions on MEDS should be directed to your state MEDS liaison.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Program Consultants
Medi-Cal Liaisons

Expiration Date: May 30, 1986

MEDI-CAL ELIGIBILITY MANUAL

16F -- PROBATE/ESTATE RECOVERY

This section provides procedures to be followed when discontinuing eligibility of a beneficiary due to death.

BACKGROUND

In accordance with Welfare and Institutions (W&I) Code, Section 14009.5, and Probate Code, Section 700.1, the Department of Health Services (DHS) implemented a recovery program in June 1981, whereby creditor's claims are filed against estates of certain deceased Medi-Cal beneficiaries for the amount of services paid by the program on behalf of the named decedents after age 65.

The following information outlines the major points of this program.

1. Notification of Medi-Cal Beneficiary's Death

It is the responsibility of the heirs, the executor, the administrator, or the persons in possession of any property of the decedent to notify the State of the death of a Medi-Cal beneficiary (Probate Code, Section 700.1 (a)).

The State has a system which identifies decedents who meet the criteria in W&I Code, Section 14009.5. An inquiry letter is sent to the last known address of appropriate Medi-Cal beneficiaries. The return of the letter with a copy of the death certificate satisfies the provision in Probate Code, Section 700.1 (a), to notify the State of the death of a Medi-Cal beneficiary.

2. Persons That Claims May Be Filed Against

DHS may file a claim if the Medi-Cal decedent was 65 or older, there is no surviving spouse, no surviving child who is under the age of 21 or who is blind or permanently and totally disabled, and there is an estate (W&I Code, Section 14009.5).

Estates may include real property (joint tenancy, tenants in common, and fee simple) and/or personal property.

MEDI-CAL ELIGIBILITY MANUAL

3. Amount of the Claim

DHS may file a claim against the estate of the decedent, or against any recipient of the property of that decedent, by distribution or survival in an amount equal to the payments for health care services received (W&I Code, Section 14009.5) or the amount of the estate, whichever is less (Probate Code, Section 700.1).

Expenses of last illness (funeral expenses, administration of estate, and costs) are paid first.

4. Payment of Claims

Payment in full from the proceeds of the estate, monthly payments, and voluntary property liens are used to effect satisfaction of our claim. This is decided on a case-by-case basis, depending on the circumstances. DHS can, by law, force a sale of property to satisfy claims.

5. Distributed Estate

If the assets of the estate have been distributed, the law provides that DHS is entitled to a claim against the distributee(s). The claim is either the amount equal to the payments for Medi-Cal services received, or each distributee's share of the distributed assets, whichever is less (Probate Code, Section 700.1).

The law also allows for referral to the Attorney General for superior or municipal court action.

COUNTY RESPONSIBILITIES

The county is to notify DHS via the Medi-Cal Eligibility Data System (MEDS) of each aged person who is discontinued from Medi-Cal due to death.

MEDS Input

Field 0185 has been designated as the "reason for termination" field. Termination code "01" indicates the cause for termination is death.

For either on-line MEDS or county batch transactions, the county shall input code "01" in field 0185 on the record of any person age 65 years or over for whom death is the reason for discontinuance.

MEDI-CAL ELIGIBILITY MANUAL

DHS RESPONSIBILITIES

DHS will generate a letter requesting information which will be sent to the heirs/administrator of the estates of aged Medi-Cal beneficiaries.

Once the letter is returned, DHS will initiate a claim to recover Medi-Cal expenses when appropriate.

MEDI-CAL ELIGIBILITY MANUAL

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY
DEPARTMENT OF HEALTH SERVICES
GENERAL COLLECTION SECTION
P.O. BOX 2946
SACRAMENTO, CA 95812

GEORGE DEUKMEJIAN, Governor
July 18, 1985

ATTENTION: Person Responsible for the
Estate of Decedent Named Below

SECOND REQUEST
TELEPHONE 916-322-2280

"Decedent Name"
"Decedent Address Line 1"
"Decedent Address Line 2"
"Decedent Address Line 3"
"Decedent Address Line 4"
"Decedent City, State, Zip"

DECEASED : "Decedent Name"
SOCIAL SECURITY NO.: 123456789
MEDI-CAL NO. : 11223333333455

California's Probate Law requires that this Department be notified when settling the estate of a deceased person who has received or may have received health care under the Medi-Cal Program. Section 700.1 of the Probate Code requires the heirs, executor, administrator, or persons in possession of any property of the decedent to provide the Director of Health Services notification no later than 90 days from the date of death. Notification to Social Security or the County Welfare Office does not satisfy this requirement.

State files indicate that the decedent named above was eligible to receive medical services paid for by the Medi-Cal program; notice to this Department is therefore required. Please send your notification to this office with the following information:

1. Name and Social Security number of surviving spouse and/or dependent child, if any: _____
2. Estimated value of:
 - A. Real Estate: _____
 - B. Cash & Bank Accounts (after burial expenses): _____
 - C. Other (specify): _____
3. Name, address, and telephone number of person or attorney settling the estate: _____

4. Probate Number & County of filing: _____
5. Copy of Death Certificate (photocopy acceptable).

Your completion and return of this letter and a copy of the death certificate in the enclosed envelope will provide this Department the notice required by law. You will be notified within four (4) months if the Department plans to file a claim against the estate to recover the cost of Medi-Cal benefits paid on behalf of the decedent as provided for in State law (Section 14009.5 of the Welfare and Institutions Code). Such claim will be made only if there is no surviving spouse or dependent child. It is important that you return the letter even if there are no assets in the estate. If the estate will be probated, complete as much information as possible even if you are unable to estimate the value of assets at this time.

If there is an attorney handling probate proceedings, please refer this letter to that attorney as soon as possible. If you have any questions, please call the number above. Your cooperation in meeting this reporting requirement is appreciated.

CH-ERS -P